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MENTAL HEALTH SERVICES

One in four adult Americans experience mental illness in any given year, while one in five youth ages 13 to 19 experience severe mental disorders. In addition, a disproportionately high percentage of homeless adults, state and local inmates, and youth in the juvenile justice system suffer from mental illness. As a result, mental illness not only significantly affects mental health, health, justice, and other costs, but also the entire economy.

There has been widespread recognition that the Federal government’s response to mental health has been ineffective and needs to be significantly improved. However, Federal mental health programs have not changed for many years. For example, the Department of Health and Human Services’ mental health programs, such as the Mental Health Block Grant, have not been reauthorized since 2000.

In the previous 113th Congress, two comprehensive mental health bills, H.R. 3717 (Murphy, R-PA) and H.R. 4574 (Barber, D-AZ), were introduced that included County-supported provisions, which would have improved the nation’s mental health system and the County’s Department of Mental Health’s ability to serve persons with mental illness. However, Congress neither acted on these bills or any other mental health bills due to the lack of bipartisan cooperation.

This year, Representative Murphy introduced a similar, though not identical, mental health bill (H.R. 2646), which was amended and approved, 18 to 12 on a party line vote, by the House Energy and Commerce Subcommittee on Health on November 4, 2015. Next year, the Energy and Commerce Committee is expected to mark up the bill, while House Democrats will introduce their alternative mental health bill.

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MOTION

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It is critically important that, unlike last year, both parties work together in crafting bipartisan mental health legislation, which can be enacted.

WE, THEREFORE, MOVE that the Board of Supervisors direct the Chief Executive Officer and the Department of Mental Health to support the enactment of bipartisan legislation that would strengthen and enhance mental health services in the County by:

1. Increasing Medicaid financing of behavioral health services to adults who are in institutions, such as by eliminating the current Medicaid institutions for mental disease exclusion for adults age 18 to 64;
2. Increasing Medicaid and Medicare financing to improve health information technology and data collection for behavioral health providers, such as by extending funding for the development of electronic health records to community mental health centers, psychologists, and other behavioral health providers;
3. Authorizing Medicaid payments for primary care and mental health services that are provided on the same day at a community mental health center or federally qualified health center;
4. Supporting the reauthorization of Substance Abuse and Mental Health Services Administration programs, including the Mental Health Block Grant, which would increase funding for California and the County;
5. Increasing funding for community-based mental health services, such as assisted outpatient treatment, for individuals with serious mental illness as an alternative to institutionalization;
6. Increasing funding for services and training to address the mental health needs of individuals who are in the criminal justice system;
7. Increasing funding for services and training to improve mental health prevention, early intervention, and services in schools;
8. Increasing funding for services and training to reduce mental health disparities among racial, ethnic, and other minorities; and
9. Increasing parity between the mental health and physical health services.

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